

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

**MENTAL HEALTH RESIDENTIAL TREATMENT COST REPORT
EXEMPTION FORM**

Due Date: JANUARY 31, 2006

Applicant Completes:

- ❖ (Tax ID) _____
- ❖ (Agency Name) _____
- ❖ (Agency Address) _____
- ❖ (Agency Phone #) _____ Agency FAX #) _____

We are requesting exemption from the 2006 Mental Health Residential Treatment Cost Report due to: [check appropriate reason/s]

_____ submitted the **Residential Treatment and Foster Care Cost Report - 2005-2006** to the DHHS, Office of the Controller.

_____ was not in business for **at least 6 months.**

_____ does not meet the Medicaid minimum dollar threshold of **\$230,000** per Agency Tax ID# in revenue generated from providing Medicaid Residential Treatment Services. This threshold has been established based on cumulative revenue by Tax ID. For multi-facility agencies, combine the revenue for all individual facilities to determine if you meet the minimum dollar threshold.

(Medicaid Provider #) _____	(Medicaid Provider #) _____
(Medicaid Provider #) _____	(Medicaid Provider #) _____
(Medicaid Provider #) _____	(Medicaid Provider #) _____
(Medicaid Provider #) _____	(Medicaid Provider #) _____
(Medicaid Provider #) _____	(Medicaid Provider #) _____

Please attach additional sheet if more Medicaid Provider #s are needed.

- ❖ (Date): _____
- ❖ (Signature of the Provider Agency): _____
- ❖ (Printed name of person signing above): _____

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE**

Return completed form to:

N.C. Division of Medical Assistance OR
Attention: Deidra Oates
Financial Operations
2501 Mail Service Center
Raleigh, NC 27699-2501

Fax to:
N.C. Division of Medical Assistance
Attention: Deidra Oates
Fax # **(919) - 715-2209**

Internal DMA use

Action (approved/disapproved): _____

DMA Rate Analyst: _____ **Date:** _____

Date Provider Agency was notified: _____

Residential Treatment And Foster Care Cost Report - 2005-2006 and Financial Statements
received from DHHS, Office of the Controller on _____.